PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2000									09	17	012	54
CLAIMS AS FILED - PART I SMALL ENTITY OTHER												
$\ \Gamma \ $	TOTAL CLAI	MS	(Coli	(Column 1) (Column 2)			<u> </u>	TYPE				HER THAN
1	FOR							RATE FEE			RAT	
╟				NUMBER FILED NUM			1 1	BASIC FEE			BASIC	
		GEABLE CLAIM	s 92	92 minus 20= 72			7 [X\$ 9=				
-	IDEPENDEN	12	12 minus 3 = 9			7 F				R X\$18	= 129	
Ľ	ULTIPLE DEF	PENDENT CLAIN	A PRESENT	RESENT			†	X40=		0	R X80=	720
•	f the differer	nce in column 1	is lose than	ess than zoro, onto: "0" :			J	+135=		01	R +270=	=
	* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL			R TOTAL	- 2876
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)											R THAN
A	CLAIME			(Column 2) (Column 3)				MALL	. ENTITY	OF		L ENTITY
AMENDMENT A	·	REMAINING AFTER AMENDMEN		NUMBI PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	'	RATE	ADDI- TIONAL FEE	-]	RATE	ADDI- TIONAL FEE
	Total	. 92	Minus	9:	2	= _)	(\$ 9=		OR	X\$18=	
¥	Independent		Minus	1 12	2-	= -		 (40=	 	1		╂—∦-
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	OR	X80=	
							+	135=		OR	+270=	
		(0.1					ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)										_		
		REMAINING AFTER AMENDMENT		NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA	R.	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total Independent	100	Minus	. 92	}	= 02	X	5 9=		OR	X\$18=	FEE 206
		NTATION OF M	Minus	18		= 12	X	40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		19,08
								35=		OR	+270=	
		(O-1					ADDI	OTAL I. FEE		OR ,	TOTAL ADDIT, FEE	142 g 4)
7.	in the second	CLAIMS LICUECT L				Column 3)						. lkg
To	ika ja	REMAINING AFTER		NUMBER PREVIOUSI		PRESENT		<u> </u>	ADDI-			ADDI-
	otal	AMENDMENT	THE PROPERTY OF	PAID FOR		EXTRA	RA	<u> </u>	FEE		RATE	TIONAL FEE
	dependent	75	Minus	·· 104	:	= /	X\$	9=		OR	X\$18=	
\vdash		NTATION OF ML	Minus	···29			X40	<u></u>				
-		THO WOR MU	CLIPLE DEP	ENDENT CLA	AIM			-		OR	X80=	
if th	the entry in column 1 is less than the entry in column 2, write "0" in column 3. the "Highest Number Previously Paid For" IN THIS OF STATE 10" in column 3.							5=		OR	+270=	l
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	g. rest MUMD	per Previously Paid	For (Total or	Independent) is	the hi	ghest number to	ound in th	ne appro	priate box i	n colur	nn 1.	